

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/14/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155379		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2011	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ROCHESTER				STREET ADDRESS, CITY, STATE, ZIP CODE 827 WEST 13TH STREET ROCHESTER, IN46975			
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F0000	<p>This visit was for the Investigation of Complaints IN00093290, IN00095815 and IN00096037.</p> <p>Complaint IN00093290 - Substantiated. Federal/state deficiencies related to the allegations are cited at F248.</p> <p>Complaint IN00095815 - Substantiated. Federal/state deficiencies related to the allegations are cited at F252, F279, F323, and F441.</p> <p>Complaint IN00096037 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 12-16 and 18-19, 2011</p> <p>Facility number: 000325 Provider number: 155379 AIM number: 100274300</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: SNF/NF: 98 Total: 98</p> <p>Census payor type: Medicare: 11 Medicaid: 63 Other: 24</p>			F0000	<p>Allegation of CompliancePlease accept the following plan of correction for the annual survey on September 19, 2011. Life Care Center of Rochester respectfully requests consideration for a desk review of the following plan of corrections. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws. This facility appreciated the time and dedication of the Survey Team; the facility will accept the survey as a tool for our facility to use in continuing to better the quality of care provided to the residents in our community.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0248 SS=E	<p>Total: 98</p> <p>Sample: 6 Supplemental sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 9/22/11 by Suzanne Williams, RN</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure activities which were compatible with residents' needs were provided, for 10 of 15 residents who resided on the dementia unit, Martin Hall. (Residents "B", "C", "D", "E", "F", "K", "L", "M", "N", and "P")</p> <p>Finding includes:</p> <p>1. The record of Resident "B" was reviewed on 09/12/11 at 1:20 p.m. Resident "B" was admitted to the facility on 08/23/08 with diagnoses including, but not limited to, Alzheimer's, dementia, hypertension, gout, depression and left hemiparesis (paralysis/limited movement)</p>			F0248	<p>1. New activity assessments and care plans will be developed by the interdisciplinary team for residents "B", "C", "D", "E", "F", "K", "L", "M", "N", and "P", and activity programming will be revised to meet the residents' needs no later than October 14, 2011. 2. New activity assessments will be completed for all residents on the Memory Care Unit and care plans will be updated to reflect each resident's individual needs no later than October 14, 2011. 3. A) The facility will develop and implement a revised activity calendar on the Memory Care Unit with involvement from resident's families to offer activities more specific to each resident's interests and needs no later than October 14, 2011. B)</p>		10/17/2011

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	<p>from a CVA (stroke.) Review of the most recent MDS assessment (Minimum Data Set: a tool to assist in planning resident care), dated 08/16/11, indicated Resident "B" was moderately impaired, requiring cues/supervision for decision making.</p> <p>Review of an "Alzheimer's Disease" care plan, initiated on 02/11/2011 and reviewed on 08/31/11, indicated: "I have a potential for decline in activity involvement related to cognitive impairments and tearfulness at times...."</p> <p>"Goal & Target Date: I will be able to participate in at least 2-4 facility activities daily thru next review..."</p> <p>"Approaches:...I enjoy playing Uno and Rummy with friends. Encourage my participation in arts and crafts. Engage me in puzzles with small groups or one-to one. ..."</p> <p>The care plan did not list a target date.</p> <p>2. The record of Resident "C" was reviewed on 09/15/11 at 9:00 a.m. Resident "C" was admitted to the facility on 04/18/03 with diagnoses including, but not limited to, dementia and cardiomegaly (enlarged heart). Review of the most recent MDS, dated 07/11/11, indicated Resident "C" was moderately impaired, requiring cues/supervision for decision making. Review of the most recent MDS that addressed activities, dated 10/21/10,</p>				<p>The Activity Director will receive training from our contracted Activities Consultant regarding the provision of activities which are compatible with residents' needs on October 6, 2011. C) The Activity Director and Staff Development Coordinator will provide training with all regularly scheduled nursing staff on the Memory Care Unit and activity assistants to include, but not limited to: Memory Care Unit activity calendar, performing activities on the Memory Care Unit, and explanation of the activity care plans, training will occur by October 14, 2011, and will continue as needed. D) The Activity Director or designee will audit resident activity participation with staff interaction in comparison to their current care plan, randomly auditing a resident's participation at least 4 times a week for 4 weeks and weekly for no less than two additional months. Our contracted Activities Consultant, will evaluate the Memory Care Unit activity program monthly for at least three (3) months to ensure the activity program properly meets and reflects the residents' needs, providing recommendations for improvement as needed. 4. The results of these audits will be presented to the monthly Performance Improvement committee. The Performance Improvement committee will reevaluate the continued need of</p>		

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	<p>indicated it was "very important" to Resident "C" to do things with groups of people and to be around animals such as pets. It was "somewhat important" to do favorite activities and go outside to get fresh air when the weather permitted.</p> <p>Review of a "Dementia" care plan, initiated on 01/11/11 and reviewed on 08/03/11, indicated: "I have a potential for little involvement in activities related to my cognitive impairment and short attention span...."</p> <p>"Goal & Target Date: I will participate in 2-4 activities daily and remain at least 15 minutes at each activity thru next review."</p> <p>Approaches: Offer opportunities for me to participate in cooking activities. I also enjoy coffee/snacks....I enjoy walking outdoors, weather permitting....I may need brief activities provided such as TV and country or gospel music."</p> <p>The care plan did not list a target date.</p> <p>3. The record of Resident "D" was reviewed on 09/14/11 at 2:00 p.m. Residents "D" was admitted to the facility on 08/08/11 with diagnoses including, but not limited to, Alzheimer's, dementia with behaviors, chronic pain, weakness, and history of falls. Review of the admission MDS, dated 08/16/11, indicated Resident "D" was moderately impaired, requiring cues/supervision for decision making.</p>				auditing; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated. 5. October 17, 2011		

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	<p>Review of the MDS Activities section indicated it was "somewhat important" to Resident "D" to have books, newspapers, and magazines to read, listen to music he liked, to keep up with the news, do things with groups of people, to do favorite activities, and to go outside to get fresh air as weather permitted.</p> <p>Review of care plans indicated no care plan had yet been put in place to address activity needs.</p> <p>Review of activity progress notes for Resident "B", Resident "C", and Resident "D" indicated the notes were non specific to individual resident's needs and did not relate to the MDS activity information.</p> <p>Residents "B," "C" and "D" resided on the Martin Hall. The Martin Hall activities are scheduled to take place in the lounge/dining room area. The area is a large rectangle shaped room with tiled floors, with the north and south walls composing the long sides of the room. The south wall is filled with windows and an exit door to an enclosed courtyard. The dining area is comprised of round tables on the west end of the area. There are no kitchen facilities in the area. A padlocked closet which contains activity resources is located on the west wall. The lounge area is on the east end of the area.</p>						

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	<p>Entrances to both a male and female bathroom are located on the east wall. A sofa, a chair, and 2 recliners are side by side against the north wall facing the windows. Recliners, and a sofa are located along the south wall. Music is provided by a "boom box" type CD player. A flat screen TV, approximately 40" in width, is mounted on the east wall. The TV is above eye level if seated in a chair, requiring a person sitting to look upward if viewing the TV. The furniture provided for seating does not face the TV. The lounge/dining area contained some wall decor/shelves as well as a quilt rack/shelf on the north wall. A quilted piece of material was hung on the quilt rack and the area is lighted by overhead fluorescent lighting. The area is located off a straight hallway that ends in a locked exit door. The lounge/dining area open doorway is located across the hall and approximately 6 feet away from the unit's enclosed nurses station that contains a door and window for viewing into the unit. The music was noted, when playing, to be loud, "tinny" sounding, and acoustically bouncing in the area, making conversation between staff and residents difficult.</p> <p>Review of the activity calendars for July 2011 - September 2011 indicated a continuing rotated calendar with activities</p>						

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	<p>daily between 8:00 a.m. and 3:00 p.m.</p> <p>The calendars indicated 4 evening activities in July, 3 evening activities in August, and 4 evening activities scheduled for September. A sample of daily activities:</p> <p>8:00 a.m. looking good</p> <p>9:00 a.m. coffee/snacks</p> <p>9:30 a.m. balloon bat (bean bag toss, hat chat, life stories, let's create)</p> <p>10:30 music (handiwork, gardening, games)</p> <p>1:00 story time (sing-a-long)</p> <p>2:00 snack time</p> <p>3:00 ball toss (puzzles, lotion hands, balloon bat)</p> <p>The activity attendance calendars for all 15 residents on the Martin Hall were reviewed. Active/Passive participation was color coded. It was noted most residents were coded as active participants while observations indicated they were present, but most residents were actively moving about or passively observing or napping.</p> <p>The following observations were made throughout the survey:</p> <p>09/12/11 9:15 a.m., during the initial tour: several residents were sitting in the lounge area. The TV was on. No activity was taking place. No residents were observed viewing TV.</p>						

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	<p>09/12/11 12: 15 p.m.-2:15 p.m.: 5 residents in lounge area. No music or TV on. CNA #1 turns on CD player at 1:20 p.m. to Elvis music. Resident "F" wandering in lounge to hall area and back carrying a stuffed animal. Resident "K" wheeling self in and out of seating area. No interaction with staff. At 1:30 p.m. Resident "B" wandering aimlessly throughout area. Resident "F" ambulating throughout area holding a doll. 1:36 p.m. CNA #2 turns off music and reads a short article. Residents continue to ambulate in and out of area. No attempts to direct residents to sit and listen. Throughout the time period, nurse and CNA #3 in and out of area.</p> <p>09/13/11 9:30 a.m.-9:45 a.m.: Coffee Chat in lounge area: residents wandering in and out of area. Several sitting drinking offered beverage and snack.</p> <p>09/13/11 11:00 a.m.: No activity occurring in area.</p> <p>09/13/11 1:50-2:40 p.m.: Resident "E" walking with walker in lounge area to hall. Opening and closing doors to storage areas located in hallways. Resident "L" sitting in lounge area resting head on table. 1 female resident being loud and disruptive to other residents</p>						

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	<p>referring rudely to another female resident who has entered restroom. Resident "D" observed sitting and visiting with spouse in courtyard. CNA #4 attempting to do "Balloon Toss" with residents and minimal participation. Resident "E" observed to continue wandering hall at which time Resident "M" is observed napping in the bed of Resident "B".</p> <p>09/14/11 9:30-10:00 a.m. No activity observed. Staff members verbally interacting with residents, some who are up and about wandering about lounge and halls and back. Resident "D" appears restless and looking about area.</p> <p>09/14/11 2:00 p.m.-3:00 p.m. Music playing on boom box until 2:10 p.m. Resident "D" with spouse in courtyard. 1 female resident asleep in recliner and 1 female resident asleep on couch located against south wall. 1 female and 1 male resident conversing in courtyard. Resident "B" sitting in chair, awake, and looking around. Resident "F" carrying doll and ambulating back and forth in hallway. 1 female resident wheeling self in wheelchair about lounge area and into hallway and back. Resident "N" ambulating with walker about lounge area and into hallway and back, interacting with others verbally while ambulating. Resident "C" observed at 2:17 p.m.</p>						

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	<p>walking back and forth between lounge area and hallway making eye contact with those in area and appears to be looking for something to do. Resident "C" walks to courtyard door looking around and then returns to ambulating in lounge and hall. CNA #1, at 2:19 p.m., interacts with Resident "C" and indicates she will get Resident "C" some hot coffee to drink. CNA #3 enters area at 2:22 p.m. and give Resident "C" a cup of coffee. CNA #3 then asks several residents if they would like "Apple Betty" for a snack. Elvis music is turned back on at 2:30 p.m. At 3:00 p.m., maintenance staff enters area and staff begin to remove residents from the lounge area to the dining area to allow staff to clean floors. Resident "C" is observed to appear confused, looking around, holding 2 coffee cups and needing direction. No staff interact with Resident "C" as they continue to assist other residents in moving from one side of the room to the other.</p> <p>09/14/11 5:00 p.m. Residents sitting at tables in dining area awaiting dinner. No activity, music, or significant interaction observed.</p> <p>09/15/11 10:45 a.m.-11:00 a.m. Coffee Chat cart in lounge area. Residents sitting in both lounge and dining area. Resident "D" drumming fingers on chair looking</p>						

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	<p>around. Staff verbally interacting with residents and no purposeful activity occurring.</p> <p>09/15/11 11:30 a.m. Residents sitting at tables or being assisted to dining area awaiting lunch.</p> <p>09/15/11 1:10 p.m.-2:00 p.m. 1:10 p.m. Country music playing on CD. Resident "C" ambulating about lounge area and making eye contact with others. Res "C" observed to continue to ambulate and appeared to be looking for something to do. No interaction or intervention by staff occurs. 7 other residents are observed either sitting quietly looking about, napping, or wandering in area. 1:25 p.m. CNA #3 enters area and asks residents who would like to make brownies. No response from residents. CNA #3 continues to interact and 3 residents sit at a table to make brownies. Resident "C" continues to ambulate and appears to be looking for something to do. 1 female resident sitting at another table looking around. 1 female resident awake and sitting on couch looking around. 1 female resident sitting in recliner looking around. 1 male resident ambulating in and out of area. 1 female resident asleep in recliner. 1:33 p.m. Resident "C" continues to wander about. 1 nurse, 2 CNA's, and 1 housekeeper in area and no</p>						

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	<p>interaction take place with Resident "C". Meanwhile, CNA #3 has brought brownie mix and related supplies to table with 3 residents. CNA #3 attempts to get Res "P" to actively participate in mixing of products with no success. Resident "N" continues to ambulate in and out of lounge area with walker. Resident "C" is observed ambulating from hall to lounge holding a greeting card and studying the card envelope. Resident "C" sits at a table and CNA #4 comes to table and reads content of card to Resident "C", who make eye contact with the CNA and smiles and appears to understand content. Resident "C" get up and walks over to CNA #3 to with her card. CNA #3 then reads content of card to Resident "C" who again is observed to make eye contact with the CNA and smiles. Resident "C" is observed to be smiling and leaves the area with here card. Resident "C" ambulates to the doorway of a resident room, is verbally given Resident "C's" room number by a staff member and ambulates to her own room. 1:40 p.m. A female resident is observed to ambulate into the men's restroom with no redirection. Resident "C" returns to the lounge area. Resident "D" is observed ambulating in hall with spouse. Resident "B" is observed to be sitting in a chair, awake and observing throughout from 1:10 p.m.-2:00 p.m. with no interaction</p>						

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	<p>with staff.</p> <p>Nine confidential staff interviews and seven confidential family interviews were conducted during the survey between 09/12/11-09/16/11 and 09/18/11-09/19/11. Staff interviews included: RNs, LPNs, CNAs, and CNA/Activity Aides. Staff had received dementia training.</p> <p>All staff interviewed indicated they interact and provide or assist with the activities for the dementia unit. Staff members indicated there was not a variety of activities due to the residents' dementia and limited attention span. Staff members indicated they attempt to include Martin Hall residents in facility activities such as special outside groups, but it is not always possible.</p> <p>Family member #1 indicated activities were "ok" but thought their resident could do more during the day, and staff talk to the residents and apply hand lotion. Family member #2 indicated activities were the same every day. Family member #3 indicated the facility "tries to do a good job, but there could be more to do." Family member #4 indicated their resident is very passive and activities appear geared to those who are more alert. Family member #5 indicated their resident</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/14/2011

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OMB NO. 0938-0391

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	<p>is capable of interacting and doing much higher level activities but is usually found sitting in lounge area listening to music or walking back and forth in the halls. Family member #5 indicated applying lotion to hands did not seem like an activity.</p> <p>Interview with the facility Activity Director (AD), employed since 2008, indicated 2 CNA/Activity Aides with dedicated hours to the dementia unit. The AD indicated the corporate consultant surveyed the facility and reviewed the monthly activity calendar every month and had never voiced any concerns. The Activity Director was queried if she actively observed or took part in activities on Martin Hall. The Activity Director indicated she is on the unit a minimum one time each day she works. The AD indicated nursing is responsible to ensure evening activities in the facility except for Monday and Thursday when an activity aide is working. The AD indicated she had never heard of any concerns regarding activities on the Martin Hall but she has not inquired of family members of possible concerns.</p> <p>This federal tag relates to Complaint IN00093290.</p> <p>3.1-33(a)</p>						

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F0252 SS=E	<p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. Based on observations and interviews, the facility failed to provide an environment free of odors on 1 of 1 closed unit, Martin Hall, as described by interviews as stale and body type odors in the hallway of the unit. This deficiency had the potential to affect 15 of 15 residents who resided on Martin Hall.</p> <p>Finding includes:</p> <p>The initial tour of the facility, while accompanied by the ADNS (Assistant Director Nursing Services) occurred on 09/12/11 between 8:40 a.m. and 9:15 p.m. Upon entrance to Martin Hall, the secure dementia unit, an odor of stale air was noted. The odor was noted throughout the unit's hallway between residents' rooms. The unit is "closed" with locked double doors and contains a nurses' station, a lounge/dining area, storage closets, and 10 resident rooms.</p> <p>The unit was observed a minimum of once each a.m. of the survey, 09/12/11-09/16/11 and 09/19/11 between 8:30 a.m. and 9:30 a.m. In addition, the</p>			F0252	<p>Facility addressed identified odors by increasing the amount of natural air makeup in the MCU. On 9/28/11 and 9/29/11, maintenance opened vents on all P-Tech heating and air-conditioning units throughout the MCU and installed a Fresh Air Purifier. Maintenance vendor has been scheduled to install a new heating and cooling system with fresh air connection to increase outside air circulation no later than October 17, 2011. Maintenance audited P-Tech units throughout the facility to ensure each vent was opened as needed on 10/3/11 and 10/4/11. The P-Tech units and the new heating and cooling system for the Memory Care Unit will be audited by the Maintenance Department for proper function weekly for one month and continue monthly for no less than two additional months. The results of these audits will be presented to the monthly Performance Improvement committee. The Performance Improvement committee will reevaluate the continued need of auditing; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated.</p>		10/17/2011

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	<p>unit was observed late morning 09/12/11-09/15/11 and 09/18/11-09/19/11 between 9:30 a.m. and 11:30 a.m. The unit was observed between 12:45 p.m. and 3:45 p.m. on 09/12/11-09/15/11 and on 09/14/11 between 4:30 p.m. and 5:00 p.m. The odor was noted with all observations except on the morning of 09/16/11 when the Administrator placed an air purifier in the unit nurses' station, located inside the unit to the left of the hallway.</p> <p>Confidential interviews were conducted during the survey between 09/12/11-09/16/11 and 09/18/11 and 09/19/11. Staff interviews included: RN, LPN, and CNAs.</p> <p>CNA #2 indicated there was an undetermined odor at times but reported being used to it.</p> <p>CNA #3 indicated noticing an odor at times.</p> <p>CNA #5 indicated odors had been noted in the past, but the CNA had worked in the unit so long it was no longer noticeable.</p> <p>Confidential interviews were conducted with 3 family members of residents who reside on the unit.</p> <p>Family member #1 indicated there had always been an unidentifiable odor, describing it as "unclean" but not fecal or smelling of urine.</p>				October 17, 2011		

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F0279 SS=E	<p>Family member #3 indicated being aware of an unusual, unidentifiable odor.</p> <p>Family member #5 indicated a stale odor had been noted on the unit.</p> <p>Interview with the Administrator, on 09/15/11 at 2:30 p.m. indicated the facility had previously addressed possible odors but were unable to identify a source/cause.</p> <p>This Federal tag relates to Complaint #IN00095815.</p> <p>3.1-19(f)</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on record reviews and interviews,</p>			F0279	1. Residents "D", "H", "J", "B", &		10/17/2011

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	<p>the facility failed to develop care plans for 1 resident with a history of falls (Resident "D"), 1 resident identified as a high risk for falls and a history of falls (Resident "H"), failed to update care plans for 1 resident following a fall with fractures (Resident "J"), and failed to establish a target date to ensure activity goals were met for 2 residents (Resident "B" and Resident "C"). This deficiency affected 5 of 6 residents reviewed for care plans in a sample of 6.</p> <p>Findings include:</p> <p>During the initial tour, on 09/12/11 between 8:40 and 9:20 a.m., while accompanied by the ADNS (Assistant Director Nursing Services), Resident "D", Resident "H", and Resident "J" were identified as having recent falls.</p> <p>1. The record of Resident "D" was reviewed on 09/14/11 at 2:00 p.m. Resident "D" was admitted to the facility on 08/08/11 with diagnoses including, but not limited to, Alzheimer's, dementia, coronary artery disease, weakness, abnormal posture, and a history of falls. Review of the admission MDS (Minimum Data Set: a tool to assist in planning resident care), dated 08/16/11, indicated the resident's cognition was moderately impaired and the resident required limited</p>				<p>"C", were reassessed and care plans updated to reflect current status on October 4, 2011 and no negative outcome noted. 2. Residents will be screened for falls upon admission and change of condition. Residents who experience falls will be reviewed M-F during the falls meeting with the Interdisciplinary Team to establish a care plan if needed or review and update current care plan to reflect current status. On the MCU, care plans were reviewed and updated as needed to establish a target date to ensure activity goals are met. 3. Nursing staff will be re-educated on fall prevention and completion of care plans by the Staff Development Coordinator by October 14, 2011. The Activity Director will be re-educated by the Activities Consultant on October 6, 2011 on the facility guidelines for developing resident specific care plans with directions, approaches, and an established target date to ensure activity goals are met. The DON or designee will randomly audit comprehensive care plans at least 5 times a week for 4 weeks, and then weekly for no less than 2 additional months. Any non-compliance will result in 1:1 re-education following the disciplinary process up to and including termination. 4. The results of these audits will be presented to the monthly Performance Improvement</p>		

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	<p>assistance of 1 person for movement to and from the bed, chair, wheelchair, and to a standing position. The MDS also indicated the resident had incurred falls prior to admission.</p> <p>Review of nurses notes indicated the resident had incurred bruises of unknown origin following admission and investigations indicated the resident had incurred unwitnessed falls. The care plan indicated, "08/30/11 Problem: I am at risk for falls r/t (related/to) unsteady gait, dementia, recent falls, use of high risk meds, and poor safety awareness. Interventions: SBA (stand by assist) for transfers and ambulation. Chair alarms when in chair or bed. PT/OT (Physical Therapy/Occupational Therapy) eval (evaluate) and treat. Review meds prn (as needed)."</p> <p>Interview with the DNS (Director Nursing Services), on 09/14/11 at 3:00 p.m. indicated a care plan should have been in place prior to any falls.</p> <p>2. The record of Resident "H" was reviewed on 09/14/11 at 10:30 a.m. Resident "H" was admitted to the facility on 07/21/11 with diagnoses including, but not limited to, dementia, depression, aphasia (inability to speak), seizures, anxiety, metabolic encephalon,</p>				<p>committee. The Performance Improvement committee will reevaluate the continued need of auditing; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated. 5. October 17, 2011</p>		

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	<p>tracheotomy (opening in neck to facilitate breathing), and neuropathy. Review of the admission MDS for Resident "H" indicated the resident's cognition was severely impaired and totally dependent for mobility with the assist of 2 or more staff.</p> <p>Review of a discharge note from the acute care facility (hospital) where the resident was a patient prior to admission, indicated: "07/21/11...RN Needs Assessment: Risk for Falls: moves limbs periodically and can place legs over rails."</p> <p>Review of a fall risk assessment, dated 07/22/11, indicated the resident was a "20" with any score 10 or greater identifying a resident as a high risk for falls.</p> <p>Review of care plans indicated a care plan was not initiated until 08/10/11 following the first fall.</p> <p>Interview with the Unit Manager, RN #6, on 09/15/11 at 1:30 p.m., indicated a fall plan should have been initiated prior to the fall.</p> <p>3. The record of Resident "J" was reviewed on 09/12/11 at 11:20 a.m. Resident "J" was admitted to the facility</p>						

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	<p>on 09/01/07 with diagnoses including, but not limited to, diabetes, chronic pain, fatigue, anemia, and glaucoma. The resident had a history of (L) (left) hip replacement. Review of a MDS, dated 05/24/11, indicated the resident's cognition, long-term memory and short-term memory were intact. The resident was independent with ambulation and no history of falls.</p> <p>Review of nurses notes indicated on 08/10/11, at 9:30 p.m., Resident "J" fell while ambulating in her room. The investigation and follow up care indicated the resident incurred a fractured (L) shoulder and fractured (L) humerus. The investigation indicated Resident "J's" hip pin broke while ambulating, causing the resident to lose her balance and fall.</p> <p>Review of care plans indicated: "06/06/2010 Problem: I am independent with transfers and ambulation with potential for decline." "06/06/2010 Problem: I have the potential for falls and fall related injury, related to Hx (history) of falls impaired mobility and dx (diagnosis) of osteoporosis; and recent fall with fx (fracture) of left humerus and L radius." The care plan listed 12 approaches to assist the resident. The care plan did not reflect the date of the fall and fractures.</p>						

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	<p>The care plan did not give direction or approaches to address the resident's cast on the (L) arm and the sling for her (L) arm/shoulder for the fractures.</p> <p>The DNS was interviewed on 09/13/11 at 8:30 a.m. The DNS indicated the care plan was updated following the fall and the system used by the corporate computer generated form did not allow for a seamless flow of dated information as changes occurred.</p> <p>4. The record of Resident "B" was reviewed on 09/12/11 at 1:20 p.m. Resident "B" was admitted to the facility on 08/23/08 with diagnoses including, but not limited to, Alzheimer's, dementia, hypertension, gout, depression and left hemiparesis (paralysis/limited movement) from a CVA (stroke.) Review of the most recent MDS assessment (Minimum Data Set: a tool to assist in planning resident care), dated 08/16/11, indicated Resident "B" was moderately impaired, requiring cues/supervision for decision making.</p> <p>Review of an "Alzheimer's Disease" care plan, initiated on 02/11/2011 and reviewed on 08/31/11, indicated: "I have a potential for decline in activity involvement related to cognitive impairments and tearfulness at times...." "Goal & Target Date: I will be able to</p>						

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	<p>participate in at least 2-4 facility activities daily thru next review..."</p> <p>"Approaches:...I enjoy playing Uno and Rummy with friends. Encourage my participation in arts and crafts. Engage me in puzzles with small groups or one-to one. ..."</p> <p>The care plan did not list a target date.</p> <p>5. The record of Resident "C" was reviewed on 09/15/11 at 9:00 a.m. Resident "C" was admitted to the facility on 04/18/03 with diagnoses including, but not limited to, dementia and cardiomegaly (enlarged heart). Review of the most recent MDS assessment, dated 07/11/11, indicated Resident "C" was moderately impaired, requiring cues/supervision for decision making. Review of the most recent MDS that addressed activities, dated 10/21/10, indicated it was "very important" to Resident "C" to do things with groups of people and to be around animals such as pets. It was "somewhat important" to do favorite activities and go outside to get fresh air when the weather permitted.</p> <p>Review of a "Dementia" care plan, initiated on 01/11/11 and reviewed on 08/03/11, indicated: "I have a potential for little involvement in activities related to my cognitive impairment and short attention span...."</p>						

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	<p>"Goal & Target Date: I will participate in 2-4 activities daily and remain at least 15 minutes at each activity thru next review." Approaches: Offer opportunities for me to participate in cooking activities. I also enjoy coffee/snacks....I enjoy walking outdoors, weather permitting....I may need brief activities provided such as TV and country or gospel music."</p> <p>The care plan did not list a target date.</p> <p>Review of an undated Policy and Procedure, titled, "Falls Management", and provided by the DNS (Director Nursing Services) on 09/15/11 at 8:30 a.m., indicated:</p> <p>"Intent: Falls are a common source of serious injury among the elderly....Understanding the significance of mobility, movement, and the ingrained nature of walking, it is our intention to promote programs geared to improving mobility, stamina, and reduce the risk of falls through a comprehensive, interdisciplinary process of assessment, care plan development and implantation with ongoing monitoring and review.</p> <p>"Policy: Each resident will be assessed throughout the course of treatment for different parameters such as: cognition, safety awareness, fall history, mobility, sensory status, medications, or</p>						

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	<p>predisposing health conditions that may contribute to fall risk. An interdisciplinary plan of care will be developed, implemented, reviewed and updated as necessary to reflect each resident's current safety needs and fall reduction interventions...."</p> <p>"Procedure:...</p> <p>1. Assessment of Fall Risk & Care Plan Development:...d. An interdisciplinary care plan is developed as necessary to reflect each resident's current safety status, needs, and interventions....</p> <p>2. Management of Falls:...h. The charge nurse will gather and record as much pertinent data as possible related to the fall, take note of the environment in which the fall occurred, and record any potential causal factors....</p> <p>3. Follow-up for Falls:...g. Each resident's car plan is updated following a fall to reflect current health status and fall reduction interventions...."</p> <p>This Federal tag relates to Complaint IN00095815.</p> <p>3.1-35(a) 3.1-35(b)(1)</p>						

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F0323 SS=D	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interviews, the facility failed to screen a resident with a known history of falls following admission, and implement preventative interventions prior to the resident incurring a fall from bed and a fall from a chair, for 1 of 3 residents reviewed for falls in a sample of 6. (Resident "HO")</p> <p>Finding includes:</p> <p>During the initial tour, while accompanied by the ADNS (Assistant Director Nursing Services), on 09/12/11 between 8:40 a.m. and 9:20 a.m., Resident "H" was identified as having incurred a fall from the bed and a fall from a recliner.</p> <p>The record of Resident "H" was reviewed on 09/14/11 at 10:30 a.m. Resident "H" was admitted to the facility on 07/21/11 with diagnoses including, but not limited to, dementia, depression, aphasia (inability to speak), seizures, anxiety, metabolic encephalopathy, tracheotomy (opening in neck to facilitate breathing), and neuropathy.</p> <p>Review of a discharge note from the acute care facility (hospital) where the resident</p>			F0323	<p>1. Resident H was reassessed and care plan updated to reflect current status on October 4, 2011 by the Unit Manager and no negative outcomes noted. 2. Residents that have fallen since September 12, 2011 will be re-assessed with appropriate interventions initiated as indicated by October 14, 2011. Residents will be monitored and changes made based on the needs of the residents by the Interdisciplinary Team as needed. 3. Staff will be re-educated on fall prevention by the Staff Development Coordinator by October 14, 2011. DON or designee will audit falls 3 times a week for 4 weeks, and then weekly for no less than 2 additional months. Any non-compliance of staff will result in 1:1 re-education following the disciplinary process up to and including termination. 4. The results of these audits will be presented to the monthly Performance Improvement committee. The Performance Improvement committee will reevaluate the continued need of auditing; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated 5. October 17, 2011</p>		10/17/2011

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	<p>was a patient prior to admission, indicated: "07/21/11...RN Needs Assessment: Risk for Falls: moves limbs periodically and can place legs over rails."</p> <p>Review of a fall risk assessment, dated 07/22/11, indicated the resident was a "20" with any score 10 or greater identifying a resident as a high risk for falls.</p> <p>Review of a fall investigation, dated "08/10/11", indicated: "10:45 a.m. writer entered res room, noted both legs dangling over the side of the bed. Legs were not touching the floor. Writer attempted to re-position res legs. Torso of body was positioned (per self) on the (L) (left) side edge of her bed. Res slid to the floor." Further information indicated the bed alarm was sounding. The resident did not incur any injuries.</p> <p>Interventions post fall included a therapy screen and maintenance inspection. The resident was placed on a low bed and a fall mat was initiated.</p> <p>Review of a fall investigation, dated "08/14/11", indicated: "8:30 a.m. Writer was in hallway preparing med (medication) for this resident when writer heard noise for (sic) resident room.</p>						

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>Writer walked in found resident laying on (R) side on floor beside recliner. Writer had just repositioned resident not 5 (five) min (minutes) before fall from leaning over side of recliner." The resident did not incur any injuries.</p> <p>Interventions post fall included a therapy screen and maintenance inspection as well as discussing a mattress change for the resident's bed with the POA (Power of Attorney).</p> <p>Interview with LPN #9, on 09/14/11 at 1:00 p.m., indicated the resident had been observed by staff, prior to the fall to flail arms and legs and to roll to her left side.</p> <p>Interview with LPN #8, on 09/14/11 at 9:30 a.m., indicated Resident "H" was known to favor her left side and despite repositioning, would frequently be found lying on her left side. LPN #8 indicated Resident "H" was observed to flail arms and legs. LPN #8 did not believe a therapy screen was done until after the fall from the bed.</p> <p>Interview with the Unit Manager, RN #6, on 09/15/11 at 1:30 p.m., indicated the facility nictitated a therapy screen for positioning and seating following the fall from the bed as Resident "H" was totally dependent. RN #6 indicated being</p>						

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	<p>unaware of the history of flailing of limbs and fall history prior to admission.</p> <p>Review of care plans indicated there was no care plan in place to address falls/fall prevention, prior to the first fall Resident "H" incurred.</p> <p>Review of an undated Policy and Procedure, titled, "Falls Management", and provided by the DNS (Director Nursing Services) on 09/15/11 at 8:30 a.m., indicated:</p> <p>"Intent: Falls are a common source of serious injury among the elderly....Understanding the significance of mobility, movement, and the ingrained nature of walking, it is our intention to promote programs geared to improving mobility, stamina, and reduce the risk of falls through a comprehensive, interdisciplinary process of assessment, care plan development and implantation with ongoing monitoring and review.</p> <p>"Policy: Each resident will be assessed throughout the course of treatment for different parameters such as: cognition, safety awareness, fall history, mobility, sensory status, medications, or predisposing health conditions that may contribute to fall risk...."</p>						

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	This federal tag relates to Complaint IN00095815 3.1-45(a)(2)						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on record review, observation, and interviews, the facility failed to ensure infection control was maintained by changing gloves and hand washing during a tracheotomy dressing change for 1 of 1</p>			F0441	1. Resident H was reassessed by the Unit Manager on October 4, 2011 and no negative outcomes noted. 2. Residents with trachs will be monitored to ensure nurse's providing residents with trach		10/17/2011

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	<p>resident with a tracheotomy in a sample of 6. (Resident "H")</p> <p>Finding includes:</p> <p>The record of Resident "H" was reviewed on 09/14/11 at 10:30 a.m. Resident "H" was admitted to the facility on 07/21/11 with diagnoses including, but not limited to, dementia, depression, aphasia (inability to speak), seizures, anxiety, metabolic encephalopathy, tracheotomy (opening in neck to facilitate breathing), and neuropathy.</p> <p>Review of the record indicated a tracheotomy had been placed at an acute care facility (hospital) prior to admission to the facility. The resident's trach (tracheostomy) care was to be done every shift and PRN (as needed) which included suctioning and dressing change. The resident was in isolation awaiting results for testing for MRSA.</p> <p>On 09/14/11, at 10:30 a.m., LPN #8 was observed doing the trach dressing change. After gowning and applying clean gloves, LPN #8 entered the room of Resident "H", moving the bedside table and attempted to reposition Resident "H". A fall mat next to the bed of Resident "H" was impeding LPN #8 from accessing the resident. LPN #8 then reached down and moved the fall</p>				<p>care and other treatments change gloves when contaminated and wash their hands prior to applying clean or sterile gloves by the Staff Development Coordinator by October 14, 2011.3. Licensed nurses will be re-educated by the Staff Development Coordinator by October 14, 2011 regarding trach dressing changes and hand washing between changing gloves. DON or designee will audit trach dressing changes at least 2 times per week for 4 weeks and continue weekly for no less than 2 additional months. Any non-compliance will result in 1:1 re education following the disciplinary process up to and including termination.4. The results of these audits will be presented to the monthly Performance Improvement committee. The Performance Improvement committee will reevaluate the continued need of auditing; facility will achieve 95% compliance threshold prior to discontinuing audits. Plan to be updated as indicated5. October 17, 2011.</p>		

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	<p>mat out of the way. LPN #8 then proceeded to loosen the trach tapes that secure the trach in place. LPN #8 then put on clean gloves to set up the trach dressing change equipment to prepare for the sterile dressing change. LPN #8 did not wash her hands between glove changes.</p> <p>Review of an undated Policy and Procedure, titled, "Respiratory Care Services Policy: Tracheotomy Care", provided by the DNS (Director Nursing Services) on 09/15/11, indicated: "Purpose: To provide a clean method of cleaning the tracheotomy site and a sterile method of cleaning/replacing the inner cannula." "Objective: 1. Ensure stoma is infection free...." "Procedure:...4. Wash hands...."</p> <p>Review of a Policy and Procedure, titled, "Hand Hygiene", dated 09/18/09, and provided by the DNS on 09/15/11, indicated: "Purpose: To decrease the risk of transmission of infection by appropriate hand hygiene." "Policy: Handwashing/hand hygiene is generally considered the most important single procedure for preventing nosocomial infections...." "Handwashing:</p>						

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	1. Turn on water to a comfortable warm temperature. 2. Moisten hands with soap and water and make a heavy lather. 3. Wash well under running water for a minimum of 15 seconds, using a rotary motion and friction. 4. Rinse hands well under running water. 5. Dry thoroughly with a disposable towel. 6. Use a towel to turn off the faucet then discard." LPN #8 was interviewed on 09/16/11 at 8:40 a.m. LPN #8 was did not recall she had not changed her gloves or washed her hands after rearranging the fall mat. LPN #8 indicated she should have removed her gloves and cleansed her hands before removing the trach tapes from Resident "H". This federal tag relates to Complaint IN00095815. 3.1-18(1)						